

## South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for Re-Approval of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls. South Dakota 57106-3115

Phone Number: Lobs-(a73 - 4483) Fax Number: Lobs-(a73 - 4515)  E-mail Address of Faculty: Isa. Parsons & K12.sd. US  Request re-approval using the following approved curriculum(s): (Each program is expected to retain program records using the Enrolled Student Log form.  2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)  Gaunitz Tevtbook - Administerina Medications: Pharmacology for Health Careers, Gaunitz (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009) (Mosby's Textbook for Mistory with evidence of minimum 2 (Explain Results) (Mosby's Textbook for Mistory with evidence of minimum 2 (Explain Results) (Mosby's Textbook for Mistory with evidence of minimum 2 (Explain Results) (Mosby's Textbook for Mistory with evidence of minimum 2 (Explain Results) (Mosby's Mosby with evidence of minimum 2 (Explain Results) (Mosby Sorrentino Resants) (Mosby Sorrentino Results) (Mosby Sorrentino Results) (Mos	Nulsing, 4305 S. Louise Ave., Suite 201; Sic			106-3115		. Dunou	Doding (
Address: If I S Wildcat Lane (Custer Elementary Sch Uster SD 57730)  Phone Number: \( \lambda D 5 - \lambda 7 3 - 4 5 1 5 \)  E-mail Address of Faculty: \( \lambda D 5 - \lambda 7 3 - 4 5 1 5 \)  Request re-approval using the following approved curriculum(s): \( (Each program is expected to retain program records using the Errolled Student Log form.  2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services) activities Textbook - Administerina Medications: Pharmacology for Health Careers, Gauwitz (2009) \( \frac{1}{2} \)  Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009) \( \frac{1}{2} \)  Mebraska Health Care Association (2010) (NHCA)  We Care Online  List faculty and licensure information: For new RN faculty: 1) attach resume/work history with evidence of minimum 2 chinical RN experience, and 2) attach a new Curriculum Application Form identifying areas of teaching.  RN FACULTY/INSTRUCTOR NAME(S)  State   Number   Expiration Date   Verification (Completed by SDBON)    List faculty and licensure information: For new RN faculty: 1) attach resume/work history with evidence of minimum 2 chinical RN experience, and 2) attach a new Curriculum Application Form identifying areas of teaching.  RN FACULTY/INSTRUCTOR NAME(S)  State   Number   Expiration Date   Verification (Completed by SDBON)    List faculty and licensure information: For new RN faculty: 1) attach resume/work history with evidence of minimum 2 chinical RN experience, and 2) attach a new Curriculum Application Form identifying areas of teaching.  RN LICENSE  RN FACULTY/INSTRUCTOR NAME(S)  State   Number   Expiration Date   Verification (Completed by SDBON)    List faculty on the expiration of the curriculum / program: (Explain 'No' responses on a separate sheet of paper.)  Yes   No   Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total   Verification   Verification   Verification   Verification   Verification   Verif	Name of Institution: Custer	Scho	pol Dist	rict			
E-mail Address of Faculty:	Address: 1415 Wildcat Custer, SD 5	1730	2 (Ce	uster Eler	ment	ary ·	Schoo
Complete evaluation of the curriculum / program: (Explain 'Wo' responses on a separate sheet of paper.)		The second secon			73 -	4515	j j
RN FACULTY/INSTRUCTOR NAME(S)  State Number Expiration Date Verification (Completed by SDBON)  Lisa Parsons, RN SD R020322 9-24-14  SD R021083 1-24-14  Complete evaluation of the curriculum / program: (Explain 'No' responses on a separate sheet of paper.)  Standard  Complete evaluation of the curriculum / program: (Explain 'No' responses on a separate sheet of paper.)  Standard  Expiration Date of paper.)  Yes No  1. Each person enrolled in your program had a high school diploma or the equivalent.  2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours.  3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting  4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation.  5. Each student's performance was documented using the SD clinical skills checklist form.  6. You maintain records using the Enrolled Student Log(s) form.  Date: 2-25-13  Is section to be completed by the South Dakota Board of Nursing  Date Application Received: 3 11 1 3 Date Notice Sent to Institution: 12 3 Application Date of Approval: Application Denied. Reason:  Program Representative: Application Date of Approval: Application Denied. Reason:	2011 SD Community Mental Health Facilitie Gauwitz Textbook – Administering Medicat Mosby's Texbook for Medication Assistants Nebraska Health Care Association (2010) ( We Care Online	es (only app tions: Pharr S, Sorrentine (NHCA)	roved for agencies on macology for Healt o & Remmert (200	ertified through the Depa <u>h Careers</u> , Gauwitz (2 9) <i>&amp;</i>	artment of \$ (009) &	Social Serv	ices)
State Number Expiration Date Verification (Completed by SDBON)  Lisa Parsons & SD Rozo 322 9-24-14  Tean Witt, RN SD Rozio 83 1-24-14  Complete evaluation of the curriculum / program: (Explain 'Wo' responses on a separate sheet of paper.)  Standard  Complete evaluation of the curriculum / program: (Explain 'Wo' responses on a separate sheet of paper.)  Standard  Rozio 83 1-24-14  SD Rozio 82 9-24-14  SD Rozio 82 9-24-14  SD Rozio 83 1-24-14  SD Rozio 84-14  SD Rozio 82 9-24-14  SD Rozio 84-14  SD Rozio 82 9-24-14  SD Rozio 82 9-24-14  SD Rozio 83 1-24-14  SD Rozio 84-14  SD Rozio 82 9-24-14  SD Rozio 84-14  SD Rozio		T	ppiicauori Form iai	enunying areas or teac	ching.		
Complete evaluation of the curriculum / program: (Explain No' responses on a separate sheet of paper.)  Standard  1. Each person enrolled in your program had a high school diploma or the equivalent. 2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours. 3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting 4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation. 5. Each student's performance was documented using the SD clinical skills checklist form. 6. You maintain records using the Enrolled Student Log(s) form.  Date: 2-25-13  is section to be completed by the South Dakota Board of Nursing  Date Application Received: 3 11 13 Date Notice Sent to Institution: 12 13  Date Notice Sent to Institution: 12 13  Application Date of Approval: Application Denied. Reason:		State	Number				
Complete evaluation of the curriculum / program: (Explain 'No' responses on a separate sheet of paper.)  Standard  1. Each person enrolled in your program had a high school diploma or the equivalent. 2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours. 3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting 4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation. 5. Each student's performance was documented using the SD clinical skills checklist form. 6. You maintain records using the Enrolled Student Log(s) form.  Date: 2 - 25 - 13  is section to be completed by the South Dakota Board of Nursing  Date Application Received: 7   1   1   3   Date Notice Sent to Institution: 12   13   Date Application Approved: 3   2   13   Application Denied. Reason:  Board Representative: Application Denied. Reason:	_				(Comple	tea by SU	BON)
1. Each person enrolled in your program had a high school diploma or the equivalent. 2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours. 3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting 4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation. 5. Each student's performance was documented using the SD clinical skills checklist form. 6. You maintain records using the Enrolled Student Log(s) form.  1 Faculty Signature:	JEETT VILL, IEN	50	R021083	1-24-14		900	npr
1. Each person enrolled in your program had a high school diploma or the equivalent. 2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours. 3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting 4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation. 5. Each student's performance was documented using the SD clinical skills checklist form. 6. You maintain records using the Enrolled Student Log(s) form.  1 Faculty Signature:	. Complete evaluation of the curriculum / progra	L am: <i>(Explai</i> i	in 'Wo' responses on a	a separate sheet of pape	r.)		
of 20 hours.  3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting 4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation.  5. Each student's performance was documented using the SD clinical skills checklist form.  6. You maintain records using the Enrolled Student Log(s) form.  1 Faculty Signature:    Date   Date   Date   Date   Date   Date   Date	1. Each person enrolled in your program had a	high school	dialess - II			Yes	No
3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting 4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation. 5. Each student's performance was documented using the SD clinical skills checklist form. 6. You maintain records using the Enrolled Student Log(s) form.  1 Faculty Signature: Date: 2-25-13  1 is section to be completed by the South Dakota Board of Nursing  Date Application Received: 3   1   1   3   Date Notice Sent to Institution: 12   13    Date Application Approved: 3   1   2   13    Expiration Date of Approval: Application Denied. Reason:  Board Representative:	- roar program was no less than to classroom	n hours and	4 hours clinical/la	quivalent.	0	L	
validation.  5. Each student's performance was documented using the SD clinical skills checklist form.  6. You maintain records using the Enrolled Student Log(s) form.  I Faculty Signature: Jurian Date: 2-25-13  is section to be completed by the South Dakota Board of Nursing  Date Application Received: 3   1   3   Date Notice Sent to Institution: 12   13    Date Application Approved: 3   2   3    Expiration Date of Approval: Application Denied. Reason:  Board Representative:					or a total	1	
validation.  5. Each student's performance was documented using the SD clinical skills checklist form.  6. You maintain records using the Enrolled Student Log(s) form.  I Faculty Signature: Jurian Date: 2-25-13  is section to be completed by the South Dakota Board of Nursing  Date Application Received: 3   1   3   Date Notice Sent to Institution: 12   13    Date Application Approved: 3   2   3    Expiration Date of Approval: Application Denied. Reason:  Board Representative:	4. Your program's faculty to student ratio did n	ot exceed	1:8 in the clinical /	lab setting		-	<del> </del>
Faculty Signature:	validation.	ot exceed ]	1:1 in skill perform	ance evaluation /com	petency		
I Faculty Signature: Surang Sources Date: 2-25-13  is section to be completed by the South Dakota Board of Nursing  Date Application Received: 3   1   3   Date Notice Sent to Institution: 12   13  Expiration Date of Approval: Application Denied. Reason:  Board Representative: Application Denied Date: 2-25-13	6. You maintain records using the Facility I a	d using the	SD clinical skills cl	necklist form.		2	<del>                                     </del>
Date Application Received: 3/11/13 Date Application Approved: 3/12/13 Application Date of Approval: Application Denied. Reason:	Tod maintain records using the Enrolled Stud	lent Log(s)	form.			1	
Date Application Received: 3/11/3  Date Application Approved: 3/12/13  Expiration Date of Approval: Application Denied. Reason:  Board Representative:				2-25-13		1,1111111111111111111111111111111111111	
Date Application Received: 3/11/3  Date Application Approved: 3/12/13  Expiration Date of Approval: Application Denied. Reason:  Board Representative:	is section to be completed by the South Dal	kota Board	d of Nursing	2.	1.5		
Expiration Date of Approval:  Board Representative:  Application Denied. Reason:	Date Application Received: 7 / 11 / / 3		Date Notice Se	nt to Institution:	113		
Board Representative:		2014	Application Der	nied. Reason:	110000		
OUMAN	Board Representative:	2017	-				
	8 OTT WAR				**		5/16

## South Dakota Board of Nursing

Curriculum Content Application Form: Mosby's Textbook for Medication Assistants (Sorrentino, S. & Remmert, L. (2009), Mosby's Textbook for Medication Assistants, Mosby: St. Louis, MO.)

nstructors a guide on how to teach the content of the M	Agency/Facility Name:(
t of the Mosby cui	MAKEN
rriculum with approxin	2000
roximate time frames. Cor	Dishich
$\stackrel{\smile}{\sim}$	

Identify teaching method(s) you will use to teach content: name of RN(s) responsible for teaching each content area. Submit completed form to BON with your Medication Administration Training Program Application. This form provides primary in Lecture mplete column 4 with the

☐ Self-study ☐ Other

2) An overview of the major categories of medications related to the body systems, including:  a. Cardiovascular;  b. Endocrine;  c. Gastrointestinal;  d. Integumentary;  e. Musculoskeletal;  f. Nervous;	Unit Test (ARSD 20:4804.01:14 — Tests are developed for each unit in curriculum, including a final test. A passing score of 85% is required on each unit test with an opportunity to retake each test one time. If a student fails on retake, additional instruction is required before further testing is allowed.)	1) General information relevant to the administration of medications, including:  a) Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration and recording of controlled substances; b) Ethical issues; c) Terminology, abbreviations and symbols; d) Mediation administration systems; e) Forms of medication; f) Procedures and routes of medication administration; g) Medication references available h) The role of unlicensed assistance personnel in administering medications i) The five rights of medication administration: right route and i) Infection Control policies and procedures	1.Curriculum Requirements Pursuant to ARSD 20:48:04.01:15
2. Overview of major categories of medications related to the body systems.	Administer unit 1 test	1. General Information: Governmental regulations related to medication administration SD Specific Legal Requirements Ethical issues Terminology, abbreviations, and symbols Medication administration systems; Forms of medication; Procedures and routes of medication administration Medication references Role of UAP in administering medications Rights of medication administration; Medication Safety & Infection control	2. Content Outline
5.5 hrs	0.5 hr	7 hrs	3. Time Frame
			4. RN Instructor(s)
Content from Chapters in text: 5. Body Structure, Function 7. Life Span Considerations	Review questions provided in text may be used to develop test. Passing score of 85% required; may retake test once. (RN primary instructors are expected to maintain the Mosby Student Log Form for their students.)	Content from Chapters in text: 1: The Medication Assistant 2: Delegation 3: Ethics and Law 8: Drug Orders & Prescriptions 9: Medication Safety 6: Basic Pharmacology 9: Medication Safety 10: Oral, Sublingual, Buccal 11: Topical 12: Eye, Ear, Nose, Inhaled 13:Vaginal, Rectal	<ol> <li>Teaching Methodology Used May include: lecture, self-study, online, case study</li> </ol>

				20 hours
		20 hrs		Required hours: 16 classroom instruction + 4 laboratory instruction
RN instructor completes required Skills Performance Evaluation form for each student that passes tests. (Additional checklists may also be completed as desired.)	CH RESTRICTED TO ST.	4 hrs	<ul> <li>Clinical/laboratory instruction provided with required RN faculty-to-student ratio of 1:8;</li> <li>Skills performance evaluation completed by RN with required 1:1 faculty-to-student ratio.</li> </ul>	4) Clinical or laboratory instruction for the purpose of demonstration of medication administration and evaluation of individual competence. (ARSD 20:48:04.01:14 Faculty-to-student ratio cannot exceed 1:8 in clinical setting. A 1:1 ratio is required for skills performance evaluation.)
Review questions provided in text may be used to develop test. Passing score of 85% required; may retake test once.	200	0.5 hr	Administer comprehensive final test	Final Test (ARSD 20:4804.01:14)
text:  14. Nervous System 15. Mental Health 16. Seizure disorders 17. Pain 19. Hypertension 20. Dysrhythmias 21. Angina, PVD, Heart Failure 22. Diuresis 23. Thrombo- esophageal/ulcer s 26. Nausea, vomiting, constipation, diarrhea diseases, thyroid diseases, thyroid diseases, thyroid diseases, thyroid diseases, thyroid diseases, thyroid diseases 29. Men's & women's 29. Men's & women's 29. Men's & women's 30. Urinary system disorders 21. Angina, PVD, 31. Eye disorders 22. Diuresis 32. Cancer 23. Thrombo- esophageal/ulcer s		2 hrs	3. Additional instruction may include those categories of medications relevant to the employee's healthcare setting.	3) Additional instruction shall include those categories of medications relevant to the healthcare setting where the unlicensed person will be employed; and
Review questions provided in text may be used to develop test. Passing score of 85% required; may retake test once.		0.5 hr	Administer unit 2 test	Unit Test (ARSD 20:4804.01:14)

SD BON Reviewer Use Only A | Date Application received: 

03-1-2012